

## **Application Data Sheet**

### **Application Information**

|                                  |                           |
|----------------------------------|---------------------------|
| Application number::             | Not yet assigned          |
| Filing Date::                    | Herewith                  |
| Application Type::               | Regular                   |
| Subject Matter::                 | Utility                   |
| CD-ROM or CD-R?::                | None                      |
| Title::                          | Neuromuscular Stimulation |
| Attorney Docket Number::         | 414/05340                 |
| Request for Early Publication?:: | No                        |
| Request for Non-Publication?::   | No                        |
| Suggested Drawing Figure::       | 4                         |
| Total Drawing Sheets::           | 5                         |
| Small Entity?::                  | Yes                       |

### **Applicant Information**

|                                         |               |
|-----------------------------------------|---------------|
| Applicant Authority Type::              | Inventor      |
| Primary Citizenship Country::           | Israel        |
| Status::                                | Full capacity |
| Given Name::                            | Omer          |
| Family Name::                           | Einav         |
| City of Residence::                     | Kfar Monash   |
| Country of Residence::                  | Israel        |
| City of mailing address::               | Kfar Monash   |
| Country of mailing address::            | Israel        |
| Postal or Zip Code of mailing address:: | 42875         |
| Applicant Authority Type::              | Inventor      |

Primary Citizenship Country:: Israel  
Status:: Full capacity  
Given Name:: Ernesto  
Family Name:: Korenman  
City of Residence:: Raanana  
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### **Correspondence Information**

Correspondence Customer Number :: 44909

### **Representative Information**

|                                         |       |  |
|-----------------------------------------|-------|--|
| <b>Representative Customer Number::</b> | 44909 |  |
|-----------------------------------------|-------|--|

### **Domestic Priority Information**

| <b>Application ::</b> | <b>Continuity Type::</b>                                | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|-----------------------|---------------------------------------------------------|-----------------------------|-----------------------------|
| This application      | National Stage of                                       | PCT/IL2005/000135           | 02/04/05                    |
| PCT/IL2005/000135     | An application claiming the benefit under 35 USC 119(e) | 60/542,022                  | 02/05/04                    |

|                   |                                                               |            |          |
|-------------------|---------------------------------------------------------------|------------|----------|
| PCT/IL2005/000135 | An application<br>claiming the benefit<br>under 35 USC 119(e) | 60/566,078 | 04/29/04 |
|-------------------|---------------------------------------------------------------|------------|----------|

[This application has no foreign priority claims]

### **Assignee Information**

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